

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012977

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

3222

Registrar's No.

FILED APR 6 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR TOWN St. Louis

c. FULL NAME OF (If NOT in hospital, give location)

HOMER PHILLIPS HOSPITAL

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

3207a St. Louis Ave.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

Athanassios Mavros (AKA) Thomas Mavrogianis (AKA) Tom Mavros

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

6/15/1888

## 9. AGE (last birthday)

73

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Dealer

## 10b. KIND OF BUSINESS OR INDUSTRY

Wholesale Produce

## 11. BIRTHPLACE (City and state or country)

Sanga Arcadia, Greece

## 12. CITIZEN OF WHAT COUNTRY

U.S.

## 13a. FATHER'S NAME

Demetrios Mavros

## 13b. MOTHER'S MAIDEN NAME

Katherina (Unknown)

## 14. NAME OF HUSBAND OR WIFE

None

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

George Christopoulos, 5536 Division St.

Chicago, Ill.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Shock; Retro-peritoneal hemorrhage; Fractures of both lower extremities; suffered when struck by car operated by one Edward Trimble in front of about 3504 Soils avenue about 1:30 P.M., March 23, 1962.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

R ☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

1:30 p.m.

## Month, Day, Year

3-23-62

## 20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

11 Street

## 20f. CITY, TOWN, OR LOCATION

St. Louis, Mo

## COUNTY

## STATE

## 21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_

Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Deceased's title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

3-27-62

## 23c. NAME OF CEMETERY OR CREMATORY

St. Matthews Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis, Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Albert H. Hoppe, Inc., 4700 Washington Blvd.

## 25. DATE RECD. BY LOCAL REG.

MAR 26 1962

## 26. REGISTRAR'S SIGNATURE

Leon Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

- Signature of Student Embalmer

Signed \_\_\_\_\_

*H. J. W. Wilkinson*

Licensed Embalmer No. 3575

P. O. Address \_\_\_\_\_

*St Louis MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.